

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

In the Matter of JOSEPH CONDIDA and DEPARTMENT OF VETERANS AFFAIRS,
MEDICAL CENTER, Buffalo, N.Y.

*Docket No. 96-2651; Submitted on the Record;
Issued September 21, 1998*

DECISION and ORDER

Before GEORGE E. RIVERS, MICHAEL E. GROOM,
A. PETER KANJORSKI

The issue is whether appellant has established that his disability beginning April 13, 1992 and the coronary artery bypass surgery he underwent are causally related to his accepted September 22, 1980 myocardial infarction.

The Office of Workers' Compensation Programs accepted that appellant's September 22, 1980 myocardial infarction was precipitated by conditions of his employment as a housekeeping aid. Appellant was hospitalized from September 22 to October 6, 1980, and returned to work on December 14, 1980. He received continuation of pay from September 23 to November 6, 1980.

On May 1, 1992 appellant filed a claim for a recurrence of disability, listing the date of the recurrence as March 13, 1992. He stopped work on April 13, 1992, on which date he was hospitalized for coronary artery disease with angina on exertion. He subsequently underwent coronary bypass surgery in early 1995.

By decision dated August 3, 1995, the Office found that the evidence failed to establish a causal relationship between appellant's injury and his claimed condition or disability. This decision was affirmed by an Office hearing representative in a June 6, 1996 decision.

Where appellant claims a recurrence of disability due to an accepted employment-related injury, he has the burden of establishing by the weight of the substantial, reliable, and probative evidence that the subsequent disability for which he claims compensation is causally related to the accepted injury.¹ This burden includes the necessity of furnishing evidence from a qualified physician who, on the basis of a complete and accurate factual and medical history, concludes that the condition is causally related to the employment injury and supports that conclusion with sound medical reasoning.² The mere fact that a disease or condition manifests itself during a

¹ *John E. Blount*, 30 ECAB 1374 (1974).

² *Frances B. Evans*, 31 ECAB 60 (1980).

period of employment does not raise an inference that there is a causal relationship between the two. Neither the fact that the disease or condition became apparent during a period of employment nor the belief by appellant that the disease was caused or aggravated by employment factors or incidents is sufficient to establish causal relationship. Causal relationship must be substantiated by reasoned medical opinion evidence which is appellant's responsibility to submit.³

The Board finds that appellant has not met his burden of proof to establish that his disability beginning April 13, 1992 and the coronary artery bypass surgery he underwent are causally related to his accepted September 22, 1980 myocardial infarction.

There is no medical evidence that states that appellant's disability beginning April 13, 1992 and the coronary artery bypass surgery he underwent are causally related to his accepted September 22, 1980 myocardial infarction. In a report dated June 19, 1992, Dr. Angel Gutierrez, a Board-certified internist who was one of appellant's attending physicians, stated, "At the present time, the diagnosis in [appellant] is that of coronary artery disease, status post myocardial infarction, diabetes mellitus, and obesity. It is my opinion that his current condition is related directly to that which caused his myocardial infarction back on September 22, 1980." In a report dated July 3, 1994 and addressed to Dr. Gutierrez, Dr. Eli Farhi, a Board-certified cardiologist to whom the Office referred appellant for a second opinion, stated, "I would agree with your opinion that his exertional angina, positive stress test, and coronary artery disease, are all due to progression of the same atherosclerotic heart disease that first became manifest as a myocardial infarction in 1980." These reports relate appellant's disability beginning April 13, 1992 and the coronary artery bypass surgery he underwent not to his September 22, 1980 myocardial infarction but rather to the underlying atherosclerotic heart disease, which is not a condition that was accepted by the Office.

In a report dated October 4, 1994, Dr. Phillip Sullivan, a cardiologist, stated, "In terms of the causality of his job for his medical condition, I believe that would be speculative and subject to opinion. ... I am unaware of a causal relationship of any particular occupation with coronary artery disease." This report obviously lends no support to appellant's claim. Negating appellant's claim is the May 28, 1993 opinion of an Office medical adviser: "It is the unrelated risk factors listed which have caused the progression of the preexisting coronary disease to the point that surgery is now necessary. The myocardial infarction was precipitated by the conditions of employment. The coronary artery disease is a different entity and is causally unrelated to employment." The Office, however, is not required to disprove appellant's claim. Causal relation between a disabling condition and the employment must be established in each case by affirmative evidence.⁴ Appellant has not submitted such evidence in this case, and the Office properly denied his claim.

³ *Joe T. Williams*, 44 ECAB 518 (1993).

⁴ *Kimper Lee*, 45 ECAB 565 (1994).

The decision of the Office of Workers' Compensation Programs dated June 6, 1996 is affirmed.

Dated, Washington, D.C.
September 21, 1998

George E. Rivers
Member

Michael E. Groom
Alternate Member

A. Peter Kanjorski
Alternate Member